



Certification of Mailing
I hereby certify that I have reasonable basis to expect that, on the date shown below, this correspondence is being mailed or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Name	S. Robert Chuey	39,140
Registration No (if applicable)		
Signature		
Date	2-1-05	

AG/1614 7/2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/489,310
Applicant(s) : Gary Stephenson
Filed : January 21, 2000
Title : METHODS OF USING A BEVERAGE
COMPOSITION
TC/A.U. : 1614
Examiner : Frederick F. Krass
Conf. No. : 5677
Docket No. : 7922
Customer No. : 27752

NOTICE OF APPEAL FROM THE EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is \$500.00 (37 CFR 41.20(b)(1)).

The Director is hereby authorized to charge the above fees, or any additional fees that may be required, or credit any overpayment to Deposit Account No. 16-2480 in the name of The Procter & Gamble Company. An additional copy of this Notice is enclosed for that purpose.

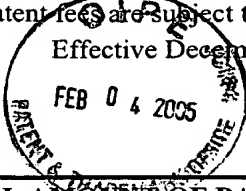
I am an attorney or agent of record.

Respectfully submitted,

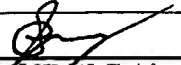
THE PROCTER & GAMBLE COMPANY

S. Robert Chuey
Registration No. 39,140
(513) 634-0102

February 1, 2005

FEE TRANSMITTAL for FY 2005 Patent fees are subject to annual revision. Effective December 8, 2004 	Complete if Known	
	Application Number	09/489,310
	Confirmation Number	5677
	Filing Date	January 21, 2000
	First Named Inventor	Gary Stephenson
	Examiner Name	Frederick F. Krass
	Art Unit	1614
TOTAL AMOUNT OF PAYMENT (\$) 500.00		
Attorney Docket No. 7922		

METHOD OF PAYMENT	FEE CALCULATION (continued)																																													
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company	5. ADDITIONAL FEES <table border="1"><thead><tr><th>Fee Description</th><th></th><th>Fee Paid</th></tr></thead><tbody><tr><td>Extension for reply within 1st month</td><td>(\$120)</td><td><input type="checkbox"/></td></tr><tr><td>Extension for reply within 2nd month</td><td>(\$450)</td><td><input type="checkbox"/></td></tr><tr><td>Extension for reply within 3rd month</td><td>(\$1,020)</td><td><input type="checkbox"/></td></tr><tr><td>Extension for reply within 4th month</td><td>(\$1,590)</td><td><input type="checkbox"/></td></tr><tr><td>Extension for reply within 5th month</td><td>(\$2,160)</td><td><input type="checkbox"/></td></tr><tr><td>Information Disclosure Statement fee</td><td>(\$180)</td><td><input type="checkbox"/></td></tr><tr><td>37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)</td><td>(\$130)</td><td><input type="checkbox"/></td></tr><tr><td>37 CFR 1.17 (q) Missing Parts (provisional)</td><td>(\$50)</td><td><input type="checkbox"/></td></tr><tr><td>Non-English specification</td><td>(\$130)</td><td><input type="checkbox"/></td></tr><tr><td>Notice of Appeal</td><td>(\$500)</td><td><input checked="" type="checkbox"/></td></tr><tr><td>Filing a brief in support of an appeal</td><td>(\$500)</td><td><input type="checkbox"/></td></tr><tr><td>Request for oral hearing</td><td>(\$1,000)</td><td><input type="checkbox"/></td></tr><tr><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td>(\$1,370)</td><td><input type="checkbox"/></td></tr><tr><td>Other:</td><td></td><td><input type="checkbox"/></td></tr></tbody></table>	Fee Description		Fee Paid	Extension for reply within 1 st month	(\$120)	<input type="checkbox"/>	Extension for reply within 2 nd month	(\$450)	<input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,020)	<input type="checkbox"/>	Extension for reply within 4 th month	(\$1,590)	<input type="checkbox"/>	Extension for reply within 5 th month	(\$2,160)	<input type="checkbox"/>	Information Disclosure Statement fee	(\$180)	<input type="checkbox"/>	37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)	(\$130)	<input type="checkbox"/>	37 CFR 1.17 (q) Missing Parts (provisional)	(\$50)	<input type="checkbox"/>	Non-English specification	(\$130)	<input type="checkbox"/>	Notice of Appeal	(\$500)	<input checked="" type="checkbox"/>	Filing a brief in support of an appeal	(\$500)	<input type="checkbox"/>	Request for oral hearing	(\$1,000)	<input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370)	<input type="checkbox"/>	Other:		<input type="checkbox"/>
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3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$)[0]																																														
4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="1"><thead><tr><th></th><th>Extra Claims</th><th>Fee from Below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x</td><td><input type="checkbox"/></td><td>=</td><td><input type="checkbox"/></td></tr><tr><td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x</td><td><input type="checkbox"/></td><td>=</td><td><input type="checkbox"/></td></tr><tr><td>Multiple Dependent claims:</td><td><input type="checkbox"/></td><td>=</td><td><input type="checkbox"/></td></tr></tbody></table> <p>** or number previously paid, if greater; For Reissues, see below</p> <p>Fee Description</p> <p>Claims in excess of 20 (\$50 per claim)</p> <p>Independent claims in excess of 3 (\$200 per claim)</p> <p>Multiple dependent claim, if not paid (\$360)</p> <p>**Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)</p> <p>**Reissue claims: each claim over 20 and more than original patent (\$50 per claim)</p> <p>SUBTOTAL (4) (\$)[0]</p>		Extra Claims	Fee from Below	Fee Paid	Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Multiple Dependent claims:	<input type="checkbox"/>	=	<input type="checkbox"/>																														
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	S. Robert Chuey	Registration No. (Attorney/Agent)	39,140
Signature		Telephone	(513) 634-0102
		Date	2-1-05